

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

23

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr Michael C
NICKNAME LAST SUFFIX
Mike Thompson

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2613 Honey Springs Ln
Cedar Park, TX 78613

☐ Change of Address

18 APR 27 4:27

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(315) 212 - 0224

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs Lynne M
NICKNAME LAST SUFFIX
Thompson

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2613 Honey Springs Ln
Cedar Park TX 78613

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(919) 606 - 2622

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
3 / 27 / 18 THROUGH 4 / 25 / 18

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description
5 / 5 / 18 ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Cedar Park City Council
Place 2

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Mr. Michael C (Mike) Thompson

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

Cedar Park Fire PAC

COMMITTEE ADDRESS

PO Box 4089 Cedar Park TX 78630

COMMITTEE CAMPAIGN TREASURER NAME

James A. Bowers

COMMITTEE CAMPAIGN TREASURER ADDRESS

208 Valk St. Cedar Park, TX 78613

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 192.09

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6558.95

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3732.55

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

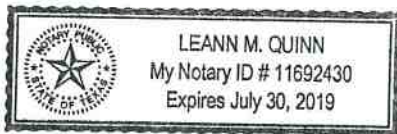
\$ 3235.13

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 355.58

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Thompson, this the 27th day of April, 20 18, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

LeAnn M. Quinn

Printed name of officer administering oath

City Sec

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Mr. Michael C (Mike) Thompson***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$4563.38
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$1803.48
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$2419.70
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 243.15
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$1069.70
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 825.34

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lauren Walz

6 Contributor address;

City; State; Zip Code

3815 Campfire Drive, Cedar Park TX 78613

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/29/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Christine Franke

Contributor address;

City; State; Zip Code

1703 Yucca Lane, Cedar Park, TX 78613

Amount of contribution (\$)

63.47

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kent Lester

Contributor address;

City; State; Zip Code

2209 Flaming Tree Ct, Cedar Park TX 78613

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Howard Craig

Contributor address;

City; State; Zip Code

P.O. Box 140671, Austin TX 78613

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

3/30/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sandra Phillips

6 Contributor address;

City; State; Zip Code

606 Arrowhead Trail, Cedar Park TX 78613

7 Amount of contribution (\$)

125.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sara Groff

Contributor address;

City; State; Zip Code

817 Bogart, Cedar Park TX 78613

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Nicole Timmering

Contributor address;

City; State; Zip Code

2808 Welton Cliff Dr, Cedar Park TX 78613

Amount of contribution (\$)

75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Bucy

Contributor address;

City; State; Zip Code

11008 Shallow Water Rd, Austin TX 78717

Amount of contribution (\$)

105.58

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Melissa Crijns

6 Contributor address;

City; State; Zip Code

2519 Farleigh Ln Cedar Park TX 78613

7 Amount of contribution (\$)

\$25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/4/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Myra Webster

Contributor address;

City; State; Zip Code

1508 Main St, Cedar Park TX 78613

Amount of contribution (\$)

52.95

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Shannon Huteson

Contributor address;

City; State; Zip Code

210 W. 33rd Austin TX 78613

Amount of contribution (\$)

105.58

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

George P. Georgulas III

Contributor address;

City; State; Zip Code

1803 Clay Lane, Cedar Park TX 78613

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

4/4/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jan Wukasch Pelosi

6 Contributor address;

City; State; Zip Code

10020 Valona Dr, Austin TX 78717

7 Amount of contribution (\$)

90.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/4/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mary Schwindt

Contributor address;

City; State; Zip Code

702 Post Oak Circle, Cedar Park TX 78613

Amount of contribution (\$)

75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brooke Jacobs

Contributor address;

City; State; Zip Code

2717 Mingus Dr, Cedar Park TX 78613

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Christina Cavalli

Contributor address;

City; State; Zip Code

3300 Mossy Grove Ct, Cedar Park TX 78613

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

4/5/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Glenn A. Fine

6 Contributor address;

City; State; Zip Code

1103 Deer Horn Cove, Cedar Park TX 78613

7 Amount of contribution (\$)

150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/5/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Seb Seibel

Contributor address;

City; State; Zip Code

1600 Cotton Way, Cedar Park TX 78613

Amount of contribution (\$)

105.58

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kimberly Vidrine

Contributor address;

City; State; Zip Code

2706 Lothian Drive, Cedar Park TX 78613

Amount of contribution (\$)

60.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michelle Thompson

Contributor address;

City; State; Zip Code

2809 Welton Cliff Drive, Cedar Park TX 78613

Amount of contribution (\$)

180.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

4/5/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

R. G. Daniels

6 Contributor address; City; State; Zip Code

2514 Ben Doran Ct, Cedar Park TX 78613

7 Amount of contribution (\$)

150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/6/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sarah Robbins-Penniman

Contributor address; City; State; Zip Code

2810 Zambia Dr, Cedar Park TX 78613

Amount of contribution (\$)

52.95

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/6/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

William (Bill) Pohl

Contributor address; City; State; Zip Code

10800 Pecan Park Blvd, Ste. 125, Austin TX 78750

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Owner / Partner, Real Estate

Employer (See Instructions)

Pohl Partners

Date

4/6/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sheron Wechsler

Contributor address; City; State; Zip Code

4306 Logan Ridge Dr, Cedar Park TX 78613

Amount of contribution (\$)

52.95

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

4/17/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Melissa Crijns

6 Contributor address;

City; State; Zip Code

2519 Farleigh Ln, Cedar Park TX 78613

7 Amount of contribution (\$)

79.26

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/12/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Hiten Patel

Contributor address;

City; State; Zip Code

2119 Howell Mountain Dr, Cedar Park, TX 78613

Amount of contribution (\$)

26.63

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Hiten Patel

Contributor address;

City; State; Zip Code

2119 Howell Mountain Dr, Cedar Park, TX 78613

Amount of contribution (\$)

52.95

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Western Wilco Dems Club

Contributor address;

City; State; Zip Code

8633 E. HWY 290, Ste 104, Austin TX 78723

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

4/24/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Luis Zervigon

6 Contributor address;

City; State; Zip Code

2609 Beechnut Trace, Cedar Park, TX 78613

7 Amount of contribution (\$)

52.95

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brooke Jacobs

Contributor address;

City; State; Zip Code

2712 Mingus Dr, Cedar Park, TX 78613

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mickella Rosiles

Contributor address;

City; State; Zip Code

14610 Gold Fish Pond Ave, Austin, TX 78728

Amount of contribution (\$)

52.95

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike Clark

Contributor address;

City; State; Zip Code

501 Ridge View Dr, Georgetown, TX 78628

Amount of contribution (\$)

52.95

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

4/25/118

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ariana Delbar

7 Amount of contribution (\$)

526.63

6 Contributor address;

City; State; Zip Code

103 County Rd 180, Unit 22, Leander, TX 78641

8 Principal occupation / Job title (See Instructions)

Executive Assistant

9 Employer (See Instructions)

Nyle Maxwell Super Center

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **3**

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ **Ø**

5 Date

3/30/18

6 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Georganne Duron

7 Contributor address;

City; State; Zip Code

3713 Tall Cedars Rd, Cedar Park TX 78613

8 Amount of Contribution \$

\$ 80

9 In-kind contribution description

Food + beverage for fund raiser

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

4/5/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Melissa Crijns

Contributor address;

City; State; Zip Code

2519 Farleigh Ln Cedar Park TX 78613

Amount of Contribution \$

\$ 50

In-kind contribution description

Food + beverage for fund raiser

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **3**

2 FILER NAME

Mr. Michael C (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ **0**

5 Date

4/9/18

6 Full name of contributor

Heather Ross

☐ out-of-state PAC (ID#:

7 Contributor address; City; State; Zip Code

713 Russet Valley Dr, Cedar Park TX 78613

8 Amount of Contribution \$

50.00

9 In-kind contribution description

Food + beverage for fundraiser

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

4/19/18

Full name of contributor

Sara and Ian Groff

Contributor address; City; State; Zip Code

817 Bogart Rd, Cedar Park TX 78613

Amount of Contribution \$

566.67

In-kind contribution description

Advertising / Postcards

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Student / Software Engineer

Employer (FOR NON-JUDICIAL) (See Instructions)

N/A / GLG

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME Mr. Michael C (Mike) Thompson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ Ø	
5 Date 4/20/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cedar Park Fire PAC	8 Amount of Contribution \$ 784.81	9 In-kind contribution description Advertising / Yard signs
7 Contributor address; City; State; Zip Code PO Box 4089, Cedar Park, TX 78630		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Firefighters PAC		11 Employer (FOR NON-JUDICIAL) (See Instructions) IAFF Local 4233	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/25/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bucy Campaign	Amount of Contribution \$ 272.00	In-kind contribution description Canvassing + voter contact
Contributor address; City; State; Zip Code 6633 Hwy 290 E, Ste. 104, Austin, TX 78725		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Political Candidate		Employer (FOR NON-JUDICIAL) (See Instructions) Self-employed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Mr. Michael C (Mike) Thompson		3 Filer ID (Ethics Commission Filers)	
4 Date 4/20/18		5 Payee name Bumper Active			
6 Amount (\$) 784.82		7 Payee address; City; State; Zip Code 5925 Burnet Rd, Austin, TX 78757			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/20/18		Payee name In Focus Campaigns, LLC			
Amount (\$) 586.27		Payee address; City; State; Zip Code PO Box 10726, Fort Worth, TX 76114			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Live calls	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 103. 4/23/18		Payee name Waltz for Cedar Park			
Amount (\$) 703.82		Payee address; City; State; Zip Code 3815 Campfire Dr, Cedar Park, TX 78613			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimburse for mailer	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Mr. Michael C (Mike) Thompson		3 Filer ID (Ethics Commission Filers)	
4 Date 4/12/18		5 Payee name Nathan Simmons			
6 Amount (\$) 255.00		7 Payee address; City; State; Zip Code 1600 South Lakeline Blvd, Apt 1728, Cedar Park, TX 78613			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/12/18		Payee name Donate Way			
Amount (\$) 79.59		Payee address; City; State; Zip Code PO Box 301267, Austin TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC processing fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/25/18		Payee name PayPal			
Amount (\$) 10.20		Payee address; City; State; Zip Code 2211 North First St, San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC processing fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 4	2 FILER NAME Mr. Michael C (Mike) Thompson	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ Ø
5 Date 4/6/18	6 Payee name Target	
7 Amount (\$) 21.60	8 Payee address; City; State; Zip Code 1101 C-Bar Ranch Trail Lot #2 Cedar Park TX 78613	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank you cards
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date 4/8/18	Payee name Facebook	
Amount (\$) 23.85	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <div style="text-align: center; font-size: 1.2em;">4</div>	2 FILER NAME <div style="font-size: 1.2em;">Mr. Michael((Mike) Thompson</div>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<div style="font-size: 1.2em;">\$ 0</div>
5 Date <div style="font-size: 1.2em;">4/8/18</div>	6 Payee name <div style="font-size: 1.2em;">Facebook</div>	
7 Amount (\$) <div style="font-size: 1.2em;">1.15</div>	8 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">1 Hacker way, Menlo Park, CA 94025 94025</div>	
9 TYPE OF EXPENDITURE	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political </div>	
10 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Expense</div>	(b) Description <div style="font-size: 1.2em;">Facebook ad</div>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

Date <div style="font-size: 1.2em;">4/13/18</div>	Payee name <div style="font-size: 1.2em;">Facebook</div>	
Amount (\$) <div style="font-size: 1.2em;">1.85</div>	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">1 Hacker Way, Menlo Park, CA 94025</div>	
TYPE OF EXPENDITURE	<div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political </div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Expense</div>	Description <div style="font-size: 1.2em;">Facebook ad</div>
<div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div>		

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 4	2 FILER NAME Mr. Michael (Mike) Thompson	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ Ø
5 Date 4/16/18	6 Payee name USPS	
7 Amount (\$) 16.70	8 Payee address; City; State; Zip Code 300 S Daytona Ave, Flagler Beach, FL	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Mailing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postcards mailed to CP, TX
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date 4/17/18	Payee name Facebook	
Amount (\$) 50.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <div style="font-size: 1.5em;">4</div>	2 FILER NAME <div style="font-size: 1.2em;">Mr. Michael (Mike) Thompson</div>	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <div style="font-size: 1.5em;">Ø</div>			
5 Date <div style="font-size: 1.2em;">4/23/18</div>	6 Payee name <div style="font-size: 1.2em;">Costco</div>				
7 Amount (\$) <div style="font-size: 1.2em;">100.00</div>	8 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">4601 183A Toll Rd, Cedar Park, TX 78613</div>				
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Expense</div>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <div style="font-size: 1.2em;">Stamps for mailer</div>			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:40%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

Date <div style="font-size: 1.2em;">4/24/18</div>	Payee name <div style="font-size: 1.2em;">Facebook</div>				
Amount (\$) <div style="font-size: 1.2em;">28.00</div>	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">1 Hacker Way, Menlo Park, CA 94025</div>				
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Expense</div>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <div style="font-size: 1.2em;">Facebook ad</div>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:40%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME Mr. Michael C (Mike) Thompson		3 Filer ID (Ethics Commission Filers)	
4 Date 4/8/18		5 Payee name Lester Birdsong			
6 Amount (\$) 945.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 135 Millennial Way, Bastrop, TX 78602			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Road sign placement <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/29/18		Payee name Citi Cards			
Amount (\$) 10.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 9001016, Louisville, KY 40290-1016			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description payment for political expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/10/18		Payee name Citi Cards			
Amount (\$) 113.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 9001016, Louisville, KY, 40290-1016			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description payment for political expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

Mr. Michael (Mike) Thompson

3 Filer ID (Ethics Commission Filers)

4 Date

4/12/18

5 Name of person from whom amount is received

Waltz for Cedar Park

6 Address of person from whom amount is received; City; State; Zip Code

3815 Campfire Drive, Cedar Park, TX 78613

8 Amount (\$)

427.67

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Reimbursement for split proceeds for joint fundraiser

Date

4/12/18

Name of person from whom amount is received

Hayes-McMahon for Cedar Park

Address of person from whom amount is received; City; State; Zip Code

816 Bogart Rd, Cedar Park, TX 78613

Amount (\$)

397.67

Purpose for which amount is received

☐ Check if political contribution returned to filer

Reimbursement for split proceeds for joint fundraiser

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Amount (\$)

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Amount (\$)

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